



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/529,896-Conf. #2272
		Filing Date	December 27, 2005
		First Named Inventor	Masanori SAKAI
		Examiner Name	S. Chandra
		Art Unit	1792
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	1592-0201PUS1	
TOTAL AMOUNT OF PAYMENT	(\$)	1,560.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	210	105	
Multiple dependent claims	370	185	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
16	- 20 =	x	=
HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 =	x	=
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	_____	
4. OTHER FEE(S)				<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1401 Notice of appeal				510.00	
1253 Extension for response within third month				1,050.00	

SUBMITTED BY:			
Signature		Registration No. (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter	Telephone	(703) 205-8000
		Date	January 9, 2008



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1592-0201PUS1	
Application No. 10/529,896-Conf. #2272		Filing Date December 27, 2005		Examiner S. Chandra	
Art Unit 1792					
Applicant(s): Masanori SAKAI et al.					
Invention: SUBSTRATE PROCESSING APPARATUS					
<b>MS AF</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Notice of appeal; Extension for response within third month					1,560.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,560.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,560.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____ Michael K. Mutter Attorney Reg. No.: 29,680				Dated: <u>January 9, 2008</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					